

CAL/VPP EVALUATION Check list

Revised 2/07

Employer: _____

Dates: _____

Address: _____

Report Completed: _____

Phone: _____

Plant Manager: _____

Cal/VPPP Representative: _____

Site Safety/Health Supervisor: _____

Employees' Bargaining Unit: _____

Cal/OSHA Region: _____

District: _____

DOSH Resource Person

Assigned: _____

Phone: _____

Compliance History from the most recent 3 years: _____

Description of Site and Nature of Work:

(Note: Include the number of: employees & contract employees, #shifts, age & size of the site nature of work, and brief description of process, previous awards and recognition that site received.

Injury & Illness Rates for the four most recent completed years:

NAICS Code:__

Injury & Illness	RATE FOR EACH YEAR				AVERAGE FOR PAST 3 YEARS
	2003	2004	2005	2006	
Incidence Rate					
Lost Workday Rate					

**EMPLOYER
MANAGEMENT COMMITMENT**

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

1) **Is Authority and responsibility for employee safety and health clearly defined and integrated into the companies management system? Is the system written and does it address the following issues:**

- ⇒ Mgmt responsibilities
- ⇒ Accountability system for all mgmt levels
- ⇒ Communication system
- ⇒ Adequate training & time to perform tasks
- ⇒ Goals and objectives relative to the conditions at the site clearly stated & communicated
- ⇒ Top and middle mgmt support and involvement
- ⇒ Employees' recognition program and disciplinary action policy for employees and managers
- ⇒ worksite policies

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2) **Has the company committed adequate resources to ensure workplace safety and health is addressed? How are resources distributed? Are there committed funds (a budget) to address the required safety and health necessities such as:**

- ⇒ Staffing
- ⇒ Equipment (PPE, safety / I.H. monitoring, other)
- ⇒ Promotion & recognition
- ⇒ Training
- ⇒ Timely access to Certified Safety Professionals, Industrial Hygienists, Professional Engineers
- ⇒ Budget

EMPLOYER

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

3) **Is top management involved in worker safety and health concerns at the site? Does this include:**

- ⇒ Top mgmt Visible and accessible
- ⇒ Setting examples of safe and healthful behavior
- ⇒ Responding to employee concerns
- ⇒ Knowledgeable about site hazards
- ⇒ Track site safety performance & measures including contractor activities
- ⇒ Support safety & health staff and promote employees involvement
- ⇒ A commitment statement that clearly states the employers intentions of meeting and maintaining the requirements of the Cal/VPP and that also supports all safety and health policies

CONTRACT WORKERS

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4) **Is there an active contract worker safety and health program that describes the following:**

- ⇒ Contractor selection criteria including: 1) DOSH compliance history and other information describing their past safety and health performance 2) Effective implementation and maintenance of an Injury and Illness Prevention Program 3) Injury and Illness Log 200 information that reflects rates below their primary SIC, and 4) Current ex-mod rates and efforts made by the applicant to help the contractor reduce their rates below 1.25
- ⇒ Monitoring contractor activities at the site
- ⇒ Assurances that all contractors obey applicable Cal/OSHA regulations and site health and safety rules applicable to their activities
- ⇒ Assurances that contractor employees receive the required safety and health training, i.e., Lock-Out/Block Out, Confined Space Entry, Hazard Communication, Emergency Operations, PSM(review written records/documentation)
- ⇒ How contractors inform the company of potential hazards that they may introduce to the site during their visit, i.e., chemical cleaners, soldering compounds, trenching /shoring equipment, compressed gasses

EMPLOYER _____

HAZARD ASSESSMENT

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

5) **Does the company routinely review job hazards for inclusion in training and hazard control programs? What type of reviews are used at the site?**

- ⇒ Job Safety/Task analysis
- ⇒ Operating procedures
- ⇒ Process hazard review
- ⇒ JHA/Operating Procedures/Safe Work Practices completed for each job on a Job Inventory List
- ⇒ Author (Supr & ee(s)) listed on JHA
- ⇒ Safe Work Permits used to document mitigation of individual job hazards
- ⇒ JHA's are available at work location
- ⇒ PHA's are done for processes including hazard analysis, enrg. and admin controls, consequences of control failure, facility siting, human factors. Review team includes ees.
- ⇒ MOC's/Pre-Use generate hazard evaluation/JHA review
- ⇒ JHA's are critiqued annually by Supr and ees.
- ⇒ JHA's are critiqued after incidents and near-misses

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6) **Is the company performing comprehensive safety and health surveys in accordance with the following schedules/requirements:**

- ⇒ Annually (minimum) or at intervals appropriate for the nature of workplace operations
- ⇒ By qualified/trained personnel who can recognize existing and potential hazards and can effect the required changes to remedy any identified hazards
- ⇒ Covers evaluation of all safety & health programs and management systems
- ⇒ Recommendations are tracked and implemented
- ⇒ Annual audit of VPP elements (with February report for Star sites)
- ⇒ PSM audits
- ⇒ Corporate H&S Audit
- ⇒ Fire Marshall Audit
- ⇒ Insurance company audit

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7) **Does the employer have a system in place to perform Pre-Use surveys of health and safety hazards prior to the installation of new/modified equipment or processes and/or introduction of new materials ?**

- ⇒ **Pre-Use IH and Safety evaluation**
 - ⇒ **Management of change**
 - ⇒ **Evaluation results are communicated to the managers, employees and contractors**
 - ⇒ **Records are maintained and recommendations are implemented**
 - ⇒ **(Pre-Use MOC and PSSR) or**
 - ⇒ **(PHA and/or MOC and PSSR)**
 - ⇒ **JHA's for Maintenance & Operations generated/modified**
 - ⇒ **PSI updated**
 - ⇒ **PM items given to maintenance for inclusion in PM program**
 - ⇒ **Emergency Action Plan modified**
 - ⇒ **Pre-Use for Chemicals. MSDS Approval database program.**
 - ⇒ **Admin & Engineering Controls & required PPE have been reviewed, modified, changed, etc.**
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EMPLOYER _____

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

8) Can the company provide assurances that support their use of nationally recognized procedures and standards for all Industrial Hygiene and Engineering testing, calibration, analysis and sampling?

- ⇒ Are there written records of the results, i.e., engineering design and inspection records, certification of I.H. labs used, etc.?
- ⇒ Are these records available for review?
- ⇒ Are the various procedures and labs recognized through certification, etc. by approving agencies/associations, i.e., ASME, NFPA, NIOSH, OSHA, etc.?
- ⇒ PSI certification that EQUIPMENT complies with generally accepted good engng. practices
- ⇒ NDE certificates

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9) Is there a system for conducting routine self-inspections of the various work areas/departments? Is it documented? Does the system include the following :

- ⇒ Types of routine inspections and their respective frequency
- ⇒ Written procedures for conducting these routine inspections- Names of procedures and copies
- ⇒ Ensure inspectors are qualified personnel familiar with the hazards Hazard Recognition
- ⇒ Findings shared with employees and managers
- ⇒ Includes a hazard prioritizing and tracking system by whom or name of software
- ⇒ Harad Evaluation prior to work permit issued or W/O started
- ⇒ Positive Material Identification system
- QC and timeliness of inspections monitored by S&H Dept or whom

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10) Is there a system in place that allows employees to notify management in person and/or in writing of hazardous conditions? Does the system ensure :

- ⇒ Employees are informed of their California Labor Code rights to complain and protection from employer reprisals for acknowledging their safety and health concerns,
- ⇒ Timely and appropriate responses to their concerns
- ⇒ Include a documented tracking system to resolution/closure for all concerns investigated/reported
- ⇒ Written notification on how the issue was resolved

EMPLOYER _____

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

11) **Is there an accident/ near miss investigation system? Does it include the following:**

- ⇒ Written procedures or guidance
 - ⇒ How procedure is initiated
 - ⇒ Near-misses defined
 - ⇒ Ees trained on recognition of reporting of near misses
- ⇒ A record of accidents, near-misses and first aids that have occurred in the past 3 years
- ⇒ Documented trend analysis
- ⇒ Analysis of incident (root cause) and findings
 - ⇒ Facilitators trained in root cause analysis
 - ⇒ Hazards tracked and corrected
- ⇒ Communication of findings to employees

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12) **Describe the program the company uses to assure that on-going monitoring and maintenance of workplace equipment is performed to prevent it from becoming hazardous. Does this program include:**

- ⇒ Procedures to ensure tests are performed in accordance with the equipment manufacturers recommendations, good engineering practices, or other established/equivalent procedures
- ⇒ Explain the system
 - ⇒ Tracking system for PM due dates
 - ⇒ Vibration analyses, lube oil contaminant testing, electrical infrared checks, transformer oil testing, fire detection system, vehicle PM, UT/mag particle/radiography testing, Positive material Identification (PMI)
 - ⇒ Technicians are trained in appropriate procedures (LOTO, proper PPE, etc.)
 - ⇒ Tracking of test readings for UT, et al., transformer & lube oil quality, vibration
 - ⇒ A tracking system to assure appropriate turnaround times for the correction of identified deficiencies
 - ⇒ Name(s) of tracking system (e.g., MAXIMO)
- ⇒ Accountable staff for smooth operation
- ⇒ Training of maintenance employees on safe practices
- ⇒ System is effective and appropriate re hazard level

EMPLOYER _____

MEDICAL AND INDUSTRIAL HYGIENE PROGRAM

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

13) **Describe the medical program used by the company. Does the program include:**

- ⇒ The availability of physician services, hospitals, medical clinics, etc.
- ⇒ Occupational health services specific to the nature of the occupational hazards at the site,
- ⇒ Off hour services including transportation, EMT’s
- ⇒ First-aid/CPR available in a timely manner onsite
- ⇒ The response time for any medical emergencies

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14) **How does the company address Industrial Hygiene concerns at the site?**

- ⇒ Is there separate programs that address the various I.H. concerns, i.e., Hazard Communication, Respiratory Protection, Confined Space Entry, Laboratory Safety, Hearing Conservation, etc.?
- ⇒ Have they evaluated conditions within the site to address Industrial Hygiene concerns, i.e., PPE, chemical use, employee exposures?
- ⇒ Are there health surveys, I.H. monitoring, and other supporting documentation?
- ⇒ Who performs the evaluations; what are their IH qualifications?
- ⇒ How often is the program's effectiveness reviewed?

EMPLOYER _____

SPECIFIC SAFETY PROGRAMS

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

SAFETY PLANNING, RULES AND WORK PROCEDURES

15) **Is there a system in place to assure the various Safety-related programs at the site are adequate, current and effective ?**

- ⇒ Appropriate for the potential hazards of the workplace, LOTO, cranes machine guarding , etc.
- ⇒ Written in a manner that they address concerns at the site,
- ⇒ Implemented and enforced by management,
- ⇒ Communicated to and followed by all affected personnel,
- ⇒ Routinely updated as needed by management (IIPP)

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16) **Are there written procedures for addressing responses to emergencies, HazWoper or other types of responses? Are these procedures communicated to all employees (including contractor and site**

employees on all shifts) in a manner that ensures they understand what to do in emergency situations? Do these procedures address the following requirements:

- ⇒ Procedures, Emergency Action Plan, Fire Prevention Plan, HazWoper, etc. current and accessible
- ⇒ Chemical releases, PSM and any other possible emergencies, i.e., earthquakes, fire, bomb scares, work place violence, etc.,
- ⇒ Alarm annunciation, chain of command, ee communication
- ⇒ Personal protective equipment accessible
- ⇒ First-aid and Medical care accessible
- ⇒ Incipient fire fighting equipment accessible and satisfy 6151(e)(2) and (e)(3)
- ⇒ First aiders, incipient fire fighters, and First Responders trained and on every shift
- ⇒ Emergency egress, incident command center &/or assembly points defined and communicated
- ⇒ Emergency telephone numbers, ee roster available at assembly points or where
- ⇒ Exit routes, and,
- ⇒ Drills & evaluation of results. Evaluation results communicated to ees.
- ⇒ Workplace Violence

EMPLOYER _____

SAFETY PLANNING, RULES AND WORK PROCEDURES cont.

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

TRAINING

17) **Through the use of safety and health training, can it be demonstrated that supervisors:**

- ⇒ Understand the hazards associated with any job they are required to oversee,
- ⇒ Can realize their potential safety and health effects on employees,
- ⇒ Understand their roles as supervisors in assuring employees prevent occupational injury and illness through teaching and enforcement of the safety and health rules, procedures and work practices,
- ⇒ Understand what to do in emergency situations,
- ⇒ Training was completed and covered supervisors S&H responsibilities
- ⇒ Can explain in detail how the system works.
- ⇒ Training matrix which is reviewed annually to ensure regulatory and site specific compliance
- ⇒ Tracking system to catch supervisors who missed training sessions

18) Is there a system in place that assures employees are made aware of hazards and the safe work procedures to follow to protect themselves from hazards, through:

- ⇒ Initial training programs to ensure awareness of immediate hazards, emergency operations, etc.,
- ⇒ OJT training to address the concerns with the operation of new equipment, and,
- ⇒ Refresher training ,
- ⇒ Methods of evaluating employee knowledge,
- ⇒ Measuring effectiveness of training through scheduled reviews.
- ⇒ Training matrix which is reviewed annually
- ⇒ Tracking system that picks up ees who missed training sessions

EMPLOYEE INVOLVEMENT

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

19) Does the employer have a system that describes employee involvement at the site? Can the system be described by one of the following?

- ⇒ A joint labor-management committee for safety and health, which has the following characteristics:
 - Responsibilities of committee spelled out in a policy and/or by laws, i.e., including employee participation in inspections, input in hazard resolution and tracking of identified hazards, etc.,
 - Membership duration,
 - Meet regularly, maintain minutes of all meetings, minutes made available to all employees
 - Require at least half of the committee members to represent both management and employees,
 - Observe or assist in the investigation and documentation of all major accidents and address concerns with near -miss incidents,

- Can access all relevant safety and health information when required, and,
- Are provided with adequate training in hazard recognition with additional training as needed.

And/or - provide an equally effective way for employees to participate in safety and health problem identification and resolution to include but are not limited to:

⇒ **The formation of Ad-Hoc committees,**

- Safety and Health Hazard analysis
- Special committees to address in-house safety and health concerns
- Behavior Based Safety Observations committees
- Safety and Health training of co-workers
- Other systems (provide details/effectiveness)
- ERT
- EHS Area Audit Teams
- Quarterly Safety Points Program
- Incident/Near-miss Analysis Team
- VPP Promotion Committee
- Safety talks
- Ergonomics Committee
- PSM participation in MOC's, PSSR's, and HAZOP's
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EMPLOYER_____

SPECIAL PROGRAMS - AS REQUIRED BY STANDARDS

	VERIFIED				ADEQUATE
	A	D	O	I	YES/NO

1. Hazcom, PPE, Chemical Hygiene, Lead/Asbestos, ventilation , Ergo

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2. Carc. Registration, BBP/TB, Confined Space, Hearing cons. , fire protection

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3. Lockout/Tagout, Electrical, Machine guarding, PSM

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4. Hoist, Hot work Permit, Forklifts, Fall Protection

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Checklist Completed By: _____

Date: _____

Comments: _____

Note:

A = **A**pplication

D = **O**ther **D**ocuments

O = **O**nsite Observation

I = **I**nterviews